



**INTERNATIONAL  
STRATEGY  
2020-2023**



# Summary

## Health~Holland International Strategy 2020-2023

### Key objective Health-Holland International Strategy 2020-2023

The internationalisation strategy of the Top Sector Life Sciences & Health (LSH) 2020-2023 builds further upon the successful implementation of the strategy of the past five years. More focus and depth have been incorporated and new developments and opportunities, such as the location of the EMA in the Netherlands and the growing biotech sector, take a more prominent position to further strengthen the business climate. This renewed internationalisation strategy has the general objective of increasing the competitive strength and, with that, the size and impact of the international economic activities of the Dutch Life Sciences and Health (LSH) sector. Health-Holland currently enjoys a growing reputation as the sector-specific branding of Top Sector LSH. This will be further built upon, with the NL branding, which is also new.

Due to the importance of trade, knowledge exchange and foreign investments for the Dutch economy and society, internationalisation is essential for realising the ambitious objectives of the mission-driven top sectors and innovation policy of the Dutch government. The Netherlands (and its innovations) has a lot to offer the world and possesses a favourable innovation ecosystem and business climate for foreign companies.

The design of this document and the focus on partial strategies provides the opportunity to take concrete steps aimed at the necessary support for the sector with regards to export, attracting foreign investments, and international collaboration in R&D and innovation. These instruments will be used to create win-win situations in the Netherlands and abroad for industry, research organisations, the care sector and the citizen.

The strategy was largely written in the pre-COVID-19 period. The full impact of COVID-19 on the strategy is not yet known but will become clearer in the coming period. The strategy has been designed in such a way that adjustments to the approach can be flexibly implemented where necessary.

### Partial strategies to achieve the key objective

The key objective of the internationalisation strategy will be achieved by deploying five coherent partial strategies (S1-5). The fifth partial strategy “multiannual international programming” will be the nexus for the other four strategies (see Figure 1).

## Health-Holland International Strategy – 2020-2023

Integral approach towards investment, innovation, trade and knowledge

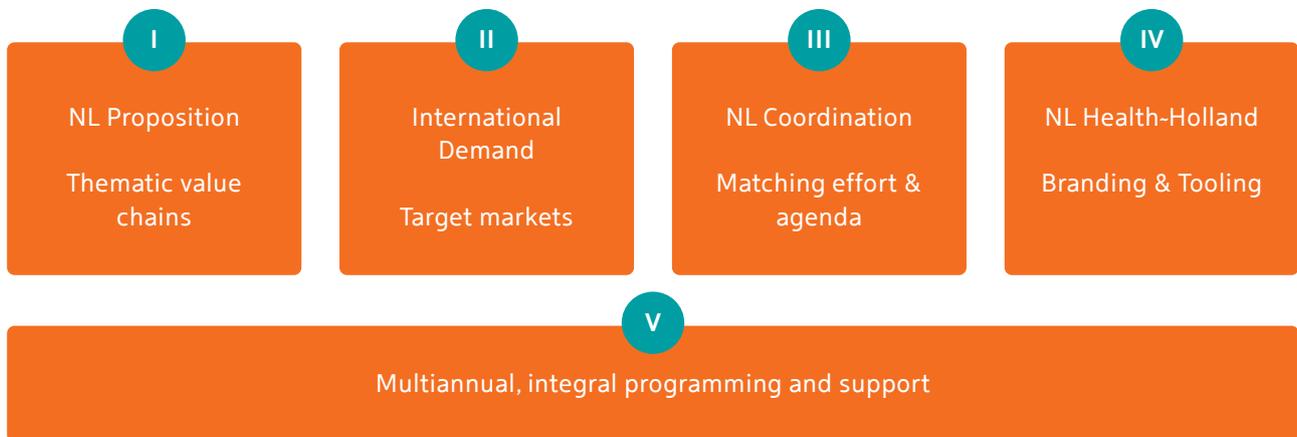


Fig. 1. Five partial strategies to achieve the operational objective of the Health-Holland International Strategy 2020-2023: Strengthening the integral approach towards investment, innovation, trade and knowledge.

### S1: Strengthening the Dutch position: substantive themes elaborated in value chains

Greater coherency is needed in how the Dutch LSH sector presents itself abroad. Themes have therefore been stated which will provide the inspiration for narratives. A system of “value chains” is in place, from fundamental research to directly applicable solutions. Based on these value chains, recognisable narratives can be told that clearly state where the Netherlands’ strengths lie in the area of health and care. These narratives will be illustrated with concrete examples. Initially, the value chains will be elaborated around the following eight themes: I. Digital transformation of health and care; II. Accessible medical technology for sustainable care; III. Biopharmaceutical development/Personalised medicine; IV. Product development & High Tech; V. Ageing societies; VI. Care Infrastructure; VII. Public Health/Strengthening health(care) systems; VIII. One Health.

### S2: Identifying the international demand: Health-Holland International Monitor

This partial strategy concerns the carefully substantiated choice for target markets (countries) and the associated efforts required. The process of choosing target markets has been refined and intensified compared to the previous strategy and has therefore become more transparent. Countries are selected on the basis of care and economic criteria, and the target markets have been divided into four categories: I. Broad interest; II. Interest from specific perspectives; III. a. Specific interest or b. New to explore; IV. Other countries – incidental and reactive. For each category, the associated public and private effort required has been formulated. Based on this, an initial listing of target markets in the various categories has been made.

The Health-Holland International Monitor has been developed to provide the necessary substantiation for these choices. This is an elaboration of the existing Priority Countries Overview. Contact information sheets per country contain an inventory of the relevant themes in that target market and the interest in these from the Netherlands.

These sheets also contain a concise analysis of the (desired) relationship between the Netherlands and the market concerned. The Health-Holland International Monitor provides the starting point for a joint public-private agenda and the efforts deployed in the most important target markets (see also S5: Multiannual integral programming).

### **S3: Strengthening the interaction with the Dutch LSH ecosystem**

One of the basic principles of internationalisation is a strong home base. The LSH International Consultation under the chairmanship of the Leader International of the Top Sector functions well and remains the main driving force for public-private alignment with respect to internationalisation. This team will be strengthened, and the interaction with regional parties and the Dutch consular network abroad will be intensified. The support base and alignment will be increased by organising periodic sessions with public and private parties. Information sessions in the regions will focus on better involving (SME) organisations in the Health-Holland International Strategy. With this approach, a national coalition for internationalisation around health and care will be realised.

### **S4: Recalibrating the Health-Holland branding and positioning**

Top Sector LSH unites and presents itself internationally under the flag of the Health-Holland branding combined with the NL branding. In recent years, this approach has proven to be a strong connecting factor.

In line with the National Action Programme “New opportunities for the Top Sector Life Sciences & Health”, the new proposition around the key term connectivity will be elaborated with a particular focus on the acquisition of foreign companies, organisations and investors. The connectivity of Dutch society and of the LSH ecosystem, in particular, will play a key role in this. The themes of the value chains (see S1) connect with the trends in health and care in the target markets. Dutch solutions and applications will make this clear with the help of concrete cases. With this approach, the story about the Dutch LSH sector will be consistently told in other countries. Top Sector LSH has a leading role in the further professionalisation of the international communication strategy.

### **S5: Multiannual integral programming**

The targeted use of focus areas has borne fruit and the public-private strategy approach is anchored in the international trade agenda of the Minister for Foreign Trade and Development Cooperation. A shared analysis, joint ambitions and harmonised implementation plan will help to increase the level of coherency that the Dutch LSH ecosystem operates with and will increase its impact. Multiannual, integral programming in the most important target markets will be shaped by bringing together the main elements (four partial strategies) of the Health-Holland International Strategy (value chains, international demand, ecosystem and branding) and translating these to the target market concerned.

To realise broad support and effective programming, a three-phase approach has been chosen in which public and private parties are always involved. The first step in the programming is an analysis phase, followed by the formulation of shared objectives and ambitions (phase 2) and the writing of a strategic implementation plan (phase 3). The implementation plan establishes the frameworks, provides clarity for the short term and contains good (process) agreements between the parties, but it is also realised with the necessary flexibility and pragmatism. Predictability in the process and the agenda will be combined with a smart and effective realisation. Joint branding and positioning and a good coordination are vital for success.

### **Dashboard**

For each partial strategy, a dashboard with action points has been formulated. These also provide a global indication of the resources necessary to realise a successful implementation.

# Inhoudsopgave

1	Introduction	7
2	Ambitions and objectives	11
S1:	Dutch position: Substantive themes elaborated in value chains	13
S2:	International demand: Health-Holland international monitor	17
S3:	Strengthening the interaction with the Dutch LSH ecosystem	20
S4:	Branding & positioning	22
S5:	Multiannual integral programming	24
	Annex 1	27

# 1 Introduction

Five years after the publication of the successful first International Strategy of Top Sector Life Sciences & Health (LSH; Health-Holland) it is time for a new version. Internationalisation has significantly contributed to the growth of the Dutch LSH sector and the strengthening of public-private partnerships. The focus on the United States, China and East Africa has intensified the contacts with these regions and provided opportunities for Dutch companies. As a result of various developments, including the arrival of the European Medicines Agency (EMA) in the Netherlands and the Mission-driven Top Sectors and Innovation Policy of the Dutch government, a reappraisal of the international strategy is desirable.

## The Netherlands enjoys a good reputation

Internationalisation offers economic and societal opportunities for the Netherlands and the Dutch public-private LSH sector. The Netherlands has much to offer the world. The Dutch healthcare system scores consistently high on international rankings (EHCI<sup>1</sup> etc.) and the Dutch LSH sector enjoys an outstanding international reputation. Furthermore, the Netherlands has a particularly favourable innovation ecosystem and entrepreneurial climate for foreign companies. In the context of the Mission-driven Top Sectors and Innovation Policy, solutions are being sought for challenges that play a role in many countries, such as ageing and socioeconomic health differences. Products and services will emerge from this policy that are appropriate for international markets, and in turn, the Netherlands can benefit from other countries' knowledge.

## Building on success

To streamline the internationalisation of the Dutch LSH sector, Top Sector LSH compiled the International Strategy 2015<sup>2</sup> (in Dutch). The implementation of this strategy contributed to the rapid and joint

development of the field of internationalisation within the LSH sector. Via a structured and well-substantiated approach for internationalisation of the themes trade, attracting foreign investment and R&D, Top Sector LSH has acquired a leading position compared to other top sectors. According to the last Top Sectors Monitor<sup>3</sup> (in Dutch), these strategic actions have contributed to the Top Sector LSH realising:

- Employment for 37,000 FTEs
- Investments of 280 million euros in material fixed assets
- Added value of 4.49 billion euros of which 60% pharmaceuticals and 30% medical technology
- Export value of 6.6 billion euros per year of which 57% pharmaceuticals, 42% medical technology and 1% R&D
- 20% of all patent applications in the Netherlands

## Tight-knit public-private partnership

The driving force behind the (international) development of the Dutch LSH sector is the tight-knit public-private partnership. Top Sector LSH refers to this as a “quadruple helix” in which companies, knowledge institutions, citizens and government strengthen each other. In the case of

<sup>1</sup> Euro Health Consumer Index 2018 Report: [healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf](http://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf)

<sup>2</sup> International Strategy– Topsector Life Sciences & Health (in Dutch)| Health-Holland | 21 October 2015: [www.health-holland.com/public/downloads/useful-documents/strategie-internationaal-topsector-lsh-21-10-2015.pdf](http://www.health-holland.com/public/downloads/useful-documents/strategie-internationaal-topsector-lsh-21-10-2015.pdf)

<sup>3</sup> Monitor Top sectors 2018, Method description and set of tables, Statistics Netherlands, 2018 (in Dutch): [www.cbs.nl/nl-nl/maatwerk/2018/41/monitor-topsectoren-2018](http://www.cbs.nl/nl-nl/maatwerk/2018/41/monitor-topsectoren-2018) N.B. More recent figures about the Top Sector are not yet available. Top Sector LSH is working to obtain additional figures and insights about the (international) performance of the Top Sector.

internationalisation, companies and ministries take the initiative with the LSH International Consultation playing a pivotal role. In this Consultation, representatives from Top Sector LSH, government ministries and the private sector come together to harmonise campaigns and activities with respect to internationalisation.

## Success in focus areas

This collaboration has resulted in a good substantive realisation of economic and innovation missions and activities. Thanks to a targeted approach, the Netherlands has strengthened its global position. In the International Strategy 2015, three focus areas were stated: United States, China and East Africa. In these important markets, the joint approach has led to the following results:

### United States

Top Sector LSH has designated the annual biotech trade fair Bio International Convention (BIO, see also [www.bio.org](http://www.bio.org)) as a strategic trade fair. The Netherlands is an established participant, represented by the Netherlands Foreign Investment Agency (NFIA) together with regional partners and HollandBIO. In July 2019, the Massachusetts Office of International Trade and Investment (MOITI) and the Dutch Ministry of Economic Affairs and Climate Policy (EZK) signed a strategic memorandum of understanding (MoU) during the economic mission in Boston that was led by the Dutch Prime Minister Mark Rutte and the then Minister for Medical Care and Sport, Bruno Bruins. This important official agreement was the outcome of several years of effort. More intensive activities also take place in the area of venture building, collaboration and exchange (Global-Scale Up Program, HUB) at various locations including Massachusetts. In the area of digitisation, the US continues to be an important partner as well. Each year the Dutch are one of the largest country delegations at the conference of the Healthcare Information and Management Systems Society (HIMMS). Dutch trade missions with a focus on digital care concentrate on Boston and San Francisco. In Texas, various Dutch organisations have deployed activities in the area of digital healthcare, medical equipment in the personal living environment and integral care solutions. The impetus for this was a market exploration and trade mission “care” under the leadership of Secretary-General Gerritsen of the Ministry of Health, Welfare and Sport (VWS) in

March 2019. In April 2020, an in-depth mission under the leadership of Prime Minister Mark Rutte and the then Minister for Medical Care and Sport Bruno Bruins was planned to further elaborate the collaboration for these themes. This mission was postponed until a later date due to the coronavirus crisis.

### China

China is one of the most visited destinations of Dutch LSH delegations. Work visits and missions were aimed at trade, investments and collaboration around innovation and R&D. The thematic focus on care for the elderly has led to a consortium Elderly Care China (PIB) with the Task Force Health Care (TFHC) as official secretary. In this context, a targeted series of activities has been realised; exchange in this area provides not only economic opportunities for Dutch companies in China, but also possibilities to learn from each other. A milestone in the collaboration at the government level was the signing of an MoU between the National Development and Reform Commission (NDRC) and the Dutch Ministry of Health Welfare and Sport in 2019. In 2020, this MoU will be further elaborated by means of an implementation plan. The Dutch LSH sector continues to have a broad interest in China. Collaboration with China yields varying results with respect to innovation and attracting foreign investments. Despite the efforts of NFIA and the Netherlands Enterprise Agency (RVO) realising the collaboration in these areas is not always easy.

### East Africa

East Africa is an interesting market, which also provides opportunities for exchange due to the highly advanced application of mobile (phone) solutions in healthcare and business. However, it is a relatively difficult market to access and the market therefore benefits from economic diplomacy to enhance the collaboration. The bilateral collaboration between the Netherlands and the countries in the region is strengthened by a large number of incoming and outgoing delegations. The number of participants, the substantive focus and the quality of the bilateral mission reveals a stable growth and consolidation. In 2019, an economic mission led by the secretary-general of the Ministry of Health, Welfare and Sport visited Kenya and Ethiopia. The strengthened collaboration has partly resulted in an expansion of Dutch commercial activity. The highlight of this

collaboration is a number of LSH projects in Kenya, including a large project around Community Healthcare in Makueni County from Amref Flying Doctors, Philips and FMO. East Africa remains a low priority for collaboration in the area of pure innovation, but research and innovation collaboration aimed at making innovative solutions suitable for low- and middle-income countries is most definitely relevant. It is also quite conceivable that inspiration can be gained from solutions in this region for specific problems from the KIA.

## Strategic developments

Various strategic developments in the period 2015-2019 led to the need to recalibrate the International Strategy 2015. This mainly concerns the following relevant policy developments:

- The government-wide missions Health & Care have been translated by the Top Sector LSH into a “Knowledge and Innovation Agenda (KIA) 2020-2023 Health & Care”<sup>4</sup> (in Dutch). In brief, the central mission of this is “Healthy for longer and fewer health differences by 2040”. This central mission is supported by four underlying missions: mission I: Lifestyle and living environment; mission II: Care in the right place; mission III: Increased social participation for people with chronic diseases; and mission IV: Quality of life for people with dementia. On top of this, Top Sector LSH has added the ambition to position the Netherlands as a guiding nation in Europe in the area of healthcare innovation.
- The UN’s Sustainable Development Goals form a global compass for challenges such as poverty, education and the climate crisis. These have been translated for Dutch policy in the trade agenda with the policy paper entitled “Investing in perspective – Good for the world, good for the Netherlands” from the Ministry of Foreign Affairs<sup>5</sup>. This contains recommendations from the report of the Buijink Commission “Team Netherlands: Together Stronger in the World”<sup>6</sup> (report in Dutch).
- The National Action Programme “New opportunities for Top Sector Life Sciences & Health” (in Dutch) was formulated by the Ministry of Economic Affairs and Climate Policy in 2019, partly as a result of the arrival of the EMA in the Netherlands.

## Mission-driven innovation

In the Mission-driven Top Sectors and Innovation Policy, the connection is made between societal and economic innovations. The missions have both a connecting and stimulating effect as a result of which efforts from diverse sectors and initiatives strengthen each other and lead to new outcomes. The missions within the societal theme Health & Care are:

### Central mission

By 2040, all Dutch citizens will live at least five years longer in good health, while the health inequalities between the lowest and highest socioeconomic groups will have decreased by 30%.

### Mission I: Lifestyle and living environment

By 2040, the burden of disease resulting from an unhealthy lifestyle and living environment will have decreased by 30%.

### Mission II: Care in the right place

By 2030, the extent of care provided to people within their own living environment (rather than in healthcare institutions) will be 50% more than today or such care will be provided 50% more frequently than at present.

### Mission III: Increased social participation for people with chronic diseases

By 2030, the proportion of people with a chronic disease or lifelong disability who can play an active role in society according to their wishes and capabilities will have increased by 25%.

### Mission IV: Quality of life for people with dementia

By 2030, quality of life for people with dementia will have improved by 25%.

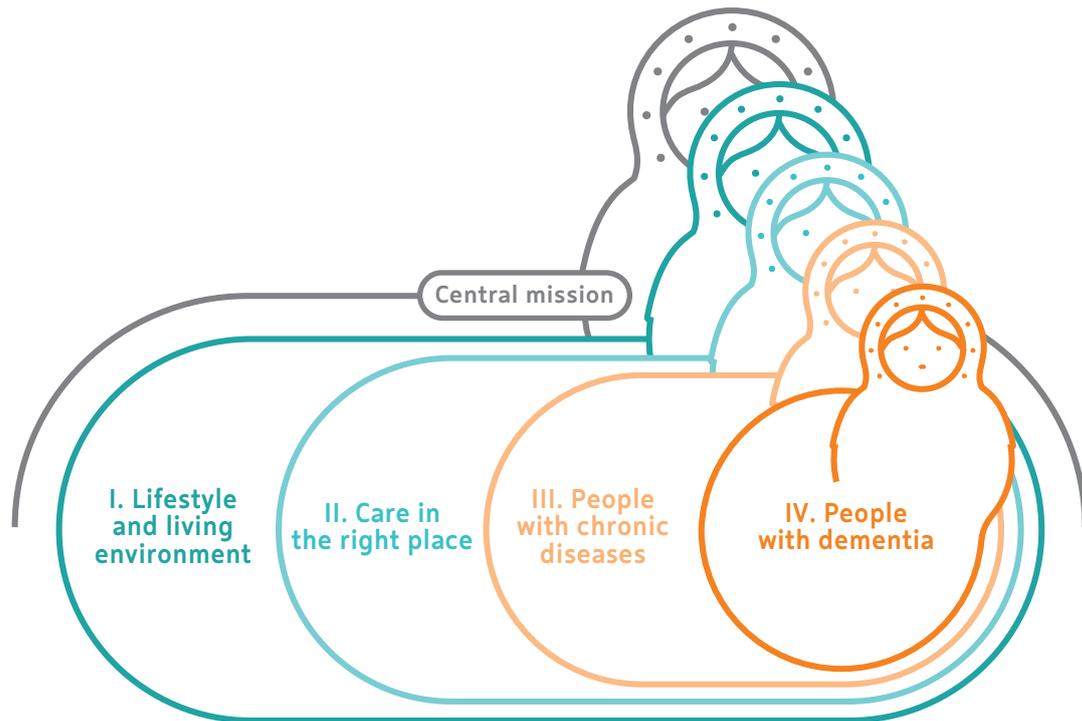
### Matryoshka dolls model

The central mission and the four missions derived from this form a coherent entity just like Matryoshka dolls fitting inside each other. The first mission, which is aimed at prevention, also creates the conditions needed for realising missions II, III and IV. Mission II is vital for missions III and IV, et cetera.

<sup>4</sup> Knowledge and Innovation Agenda 2020-2023 Health & Care – Vital functioning citizens in a healthy economy, Top Sector LSH, 2019

<sup>5</sup> Investeren in Perspectief – Goed voor de Wereld, Goed voor Nederland, Minister S. Kaag, 2019

<sup>6</sup> Team Nederland: Samen sterker in de wereld - Een actieplan voor banen en groei, Adviesrapport DTIB Stuurgroep internationale handels-, innovatie- en investeringsbevordering, 2017



## Integral approach

International collaboration is a vital factor for realising the ambitions related to the societal theme Health & Care. Science and innovation are served by a good internationalisation strategy that facilitates collaboration, provides access to the best partners and attracts talent. The Dutch LSH market is too small for many players to realise sufficient economic growth. In addition, foreign companies can supplement and strengthen the Dutch ecosystem. The complexity of international value chains, R&D and innovation, market access, production and trade, requires an integral approach. Public and private partners recognise that more economic and societal benefits can be achieved by jointly setting objectives and priorities. By working together smartly, making use of joint resources (market knowledge and tooling), and carefully coordinating the international agenda, effective use can be made of limited resources.

## Alignment with Knowledge and Innovation Agenda 2020-2023 Health & Care

Top Sector LSH has expressed the ambition to bring the Health-Holland International Strategy 2020-2023 to a higher level and to align it with the previously described broad (strategic) developments. In particular, alignment will be sought with the ambitions and missions as formulated in the KIA 2020-2023.

The International Strategy 2015 has laid the foundation for a successful approach, which has led to tangible results. The initial steps have been taken with the integral approach between research and innovation, trade and acquisition. This coherency can be strengthened through integral programming. In the following chapters, the ambitions and the associated strategies for the period 2020-2023 will be further elaborated on.

# 2 Conditions and objectives

Building further upon the current innovative and competitive position of the Netherlands and the Dutch LSH sector, the integral approach of investment, innovation, trade and knowledge will be further strengthened. Accordingly, the Top Sector LSH will contribute to realising the Sustainable Development Goals and developing new knowledge and technology. In doing that, it will not only revolutionise healthcare in the Netherlands but also become and/or remain a leading international player. Five mutually strengthening strategies will be deployed to realise these ambitions: the consolidation and elaboration of substantive themes, the Health-Holland International Monitor, the strengthening of the interaction with the LSH ecosystem, branding and positioning, and multiannual integral programme. These themes will be further elaborated on in the following chapters.

## Societal and economic ambitions

The Netherlands has the ambition to belong to the most innovative and competitive economies in the world. Life Sciences and Health is one of the sectors with a good position in the European Union (EU) and EU programmes. This revised internationalisation strategy has the general objective of increasing the size and impact of the international economic activities of the Dutch LSH sector. In addition, Top Sector LSH is committed to internationalisation from the perspective of realising the missions of the societal theme Health & Care under the motto “vitally functioning citizens in a healthy economy”.

In the KIA, the ambitions for the internationalisation strategy have been worded as follows:

- Increasing the economic size and impact of international activities.
- Supporting and facilitating international contacts for all players within the quadruple helix.
- Contributing to the devising and implementation of solutions for global health issues with respect to realising the Sustainable Development Goals (SDGs).
- Attracting and developing new knowledge and technology that can be used both in and beyond the Netherlands to facilitate health.

- The Dutch health sector has a lot to offer to tackle the global challenges to “Ensure healthy lives and promote well-being for all at all ages” as stated in SDG3, just like for the current COVID-19 crisis as well as future pandemics. Through international collaboration, the Netherlands can help partner countries with knowledge and technology, strengthen the sector by learning from each other, and at the same time increase the earning capacity of the Netherlands.
- Positioning the Netherlands as a guiding nation within the EU, while at the same time also learning from what other countries can offer us.

The operational objective to further strengthen the integral approach of investment, innovation, trade and knowledge will, amongst other things, be given shape through coherent, multiannual, integral programming for priority countries.

Tables 1 and 2 indicate the progress for key indicators that were set in the International Strategy 2015. The quantitative ambitions for 2025 remain unchanged. The indicators provide an impression of the progress up until now.

**Tables 1 and 2: LSH ambitions in figures**

Top Sector LSH	Position 2012	Position 2016	Ambition 2025*
Added value (million euro)	4,576	4,490	5,700
Export (million euro)	6,403	6,600	8,300
Employed persons (FTE)	35,000	37,000	42,000
R&D expenditure (million euro)	670	Not measured	900
Production (million euro)	18,327	Not measured	23,000
Number of companies	2,490	3,100	4,000

\*Based on the Key Figures LSH from the Monitor Top Sectors

Top Sector LSH	Ambition 2025*
Number of startups	+ 25%
Foreign investments in R&D	+ 50%
Conversion micro to macro SME	+ 20%
Investments in innovative SME	+ 50%
Drugs in the pipeline	+ 15%
Number of patents applied for	+ 25%

The central ambitions and operational objectives will be realised by deploying five strategies with the associated concrete action agendas:

- S1: Strengthening the Dutch position: substantive themes elaborated in value chains
- S2: Identifying the international demand: Health-Holland International Monitor
- S3: Strengthening the interaction with the Dutch LSH ecosystem
- S4: Re-assessing the Health-Holland branding and positioning
- S5: Multiannual integral programming

These five strategies will be explained in Chapters S1 t/m S5.

\*Growth with respect to the reference period 2013-2014



# S1: Strengthening the Dutch position: Substantive themes elaborated in value chains

A system of value chains will be developed so that the strengths of the Dutch LSH sector can be explained in a clear and coherent fashion. These are narratives around a certain theme that describe the innovation process from fundamental research through to applicable products and services. These narratives will help identify where the strengths of the Netherlands lie.

## Good reputation, no joint narrative

Dutch healthcare and the LSH sector enjoy a good international reputation. For example, the LSH sector has outstanding expertise in areas such as cancer research, cardiovascular diseases, infectious diseases, neurodegenerative diseases, clinical research, medical imaging, preventative health and healthcare systems. Fundamental research in the area of genetics, stem cells and regenerative medicine provide the basis for future innovation as equally innovative research in the area of prevention.

Realising a stronger international position of the Dutch LSH sector requires a joint narrative from the sector as a whole. At the same time, it is difficult to tell such a narrative in view of the considerable diversity within the sector. Furthermore, the available information about the strengths of the Dutch LSH sector is often fragmented across subjects, organisations and in regions and is therefore difficult to access. Everybody places a different accent on the story: health trends, clinical pictures, specific solutions and application areas.

## The proposition is an overarching narrative

An overarching narrative (proposition) is needed that makes it easier to understand the strengths of the Dutch LSH sector. With this, two extremes should be avoided: on the one hand, the story should not be too general and not distinctive enough while, on the other, the story should not be too specific either, for then it might fail to do justice to important players.

By presenting a more coherent story about Dutch knowledge and innovation, a strong and recognisable image of what the Netherlands has to offer internationally in the area of health and care will emerge. Dutch expertise, technology and products can be deployed in a more targeted manner to support countries and organisations in improving their healthcare.

## Value chains

Top Sector LSH has chosen a value chains methodology to describe the Dutch LSH strengths and themes and internationally position these.

For a given subject, a value chain describes the entire spectrum from fundamental research, via R&D and new innovations through to existing solutions. The system is compatible with the Technology or Societal Readiness Levels (TRL/SRL), although the application is far more practical and pragmatic. Examples of these value chains are given on page 17.

## Where does the Netherlands add value?

The value chain serves as a framework and makes it possible to mobilise individual parties from the LSH sector and position them around specific themes. Elaborating storylines via a value chain makes it easy to switch between levels of abstraction from highly abstract to practically applicable. Then it can be made clear where the strengths of the Dutch LSH sector lie and the strengths can be matched to specific international discussion partners in both developed and emerging markets. In the context of foreign contacts, specific examples of organisations can be put forward as part of a broader context. In this way, the contribution of Dutch value chains to European innovation and market development can be made clear. This approach reveals the blank spots within a theme for which new knowledge, technology, products and services can be developed in a targeted way or attracted from abroad.

## Alignment with other processes

During the selection and elaboration of the value chains, alignment is sought with parallel current processes that are also aimed at elaborating (parts of) the LSH proposition:

- The missions<sup>7</sup> of the Ministry of Health, Welfare and Sport are guiding for the KIA to be translated from national policy choices and local situations to an international proposition. Themes from the KIA such as citizen involvement in innovation and quality of life for people with dementia are ideal for the international stage.
- The strategic national, public-private partnerships which are partly supported by Top Sector LSH, government ministries and regions ([www.health-holland.com/partnerships](http://www.health-holland.com/partnerships)). These partnerships belong to the top of international scientific

research and valorisation and therefore play a key role in shaping the image of the Dutch LSH sector.

- In the National Action Programme “New opportunities for the Top Sector Life Sciences and Health”, which has been elaborated since January 2020, the need for the Netherlands to profile itself internationally with a single coherent proposition takes centre stage.
- During the course of 2020, Top Sector LSH and Invest in Holland will jointly implement the new positioning strategy for LSH. In that context, the Dutch proposition for the key concept “connectivity” will be further developed and elaborated in line with the National Action Programme. An editorial board will be appointed to implement a new positioning strategy that will unequivocally shape the LSH positioning in the Netherlands and abroad.
- The segmenting of organisations in the Health-Holland Guide can be used to position individual organisations in the value chains.

## Criteria value chains

The value chains can be viewed as narratives around a theme. Narratives that describe why the chosen subjects are important and what the Dutch LSH sector can contribute in this area. The themes of the value chains need to be chosen at the right level of abstraction: broad enough to showcase various Dutch players, specific enough to demonstrate where the Netherlands belongs to the international top. They should preferably cover the entire spectrum from fundamental research to applicable solutions and connect with internationally recognisable subjects and trends. Based on these criteria, a more finalised selection and development of the themes will take place.

## Explanation of the themes chosen

Below, an initial overview of themes that can be elaborated as value chains is presented. This overview was realised in consultation with the Top Sector and is based on the criteria stated above. The five themes stated also connect well with the five missions. It is a dynamic list that will be adjusted according to advancing insights.

<sup>7</sup> The central mission is: ‘By 2040, all Dutch citizens will live at least five years longer in good health, while the health inequalities between the lowest and highest socioeconomic groups will have decreased by 30%. This main mission is supported by four underlying missions: Mission I Lifestyle and Living Environment, Mission II Care within the living environment, Mission III Increased social participation for people with chronic diseases and Mission IV Quality of life for people with dementia.

## I. The digital transformation of health and care

- eHealth/Digital Health: products and services in the area of information and communication technology that contribute to the efficiency, effectiveness and digitalisation of the care sector (e.g. in the area of cost-effectiveness, interoperability and artificial intelligence).
- Organisation of the health infrastructure: providing care at the right place thanks to digital resources, patient-oriented care, self-management of people with a chronic disease.
- Value-based Health Care: data-driven solutions that disclose worthwhile information about quality, processes and costs in healthcare, with the overarching aim of creating value for patients.

## II. Accessible medical technology for sustainable health and care

- Medical products and devices
- Personalised medical technology
- (Imaging) diagnostics and Point of Care diagnostics
- Medical robotics (surgery, rehabilitation)
- Disposables and consumables, surgical instruments
- Neurotechnology
- Artificial intelligence as a technology and as part of health systems
- Key enabling technologies in health and care: artificial intelligence, photonics, microfluidics, chip technology, bioinformatics, sensors
- Early Health Technology Assessments: the connection between technology/developers and clinical practice

## III. Biopharmaceutical Developments/ Personalised Medicine

- Drug development
- Organ-on-a-chip, organoids
- Clinical research
- Regenerative medicine
- Drug delivery methods
- (Immuno-)oncology
- Gene and stem cell therapy, immunology
- Cardiovascular diseases
- Metabolomics, genomics, transcriptomics, proteomics, systems biology

## IV. Product Development & High Tech

- Scientific research and validation
- Design and engineering
- Prototyping and testing
- Large-scale production
- Packaging and distribution

## V. Ageing Society

- Products and services in the area of prevention, rehabilitation, elderly care and home care
- Prevention, rehabilitation, quality of life (well-being, functioning)
- Independence (home care, telecare & monitoring, domotics, ambient assisted living (AAL)/support of care providers and informal carers)
- Dementia (insight in aetiology, better quality of life with dementia)
- Physiotherapy and orthopaedics

## VI. Care Infrastructure

- Products and services in the area of designing, constructing, furnishing, providing equipment for, operating and maintaining hospitals and clinics
- Smart and sustainable building and operating of care facilities

## VII. Public Health/Strengthening health(care) systems

- Strengthening health(care) systems: knowledge, products and services in the areas of education, policy, funding, training, consultancy and advising to realise better and more accessible care systems
- Prevention
- Screening/managing infectious and non-infectious diseases
- Primary care
- Maternity care
- Emergency care and disaster care

## VIII. One Health

- Infectious diseases, zoonoses (interaction between human health, animal health and environment), nature, ecosystems
- Antimicrobial resistance, vaccines, (new) antibiotics and alternatives

## Alignment with KIA 2020-2023 Health & Care

The themes presented here align well with the KIA 2020-2023 Health & Care. Within various themes (I, V, VII, VIII) there is attention for prevention, the mandate of the first mission. The low threshold accessibility of care and care technology, the mandate of the second mission, is a golden thread through themes I, II and VI. The Netherlands aims to play a pioneering role in transferring care technology to the home situation.

That yields interesting possibilities for the export of such products, services and new care concepts to other countries. The third mission, which enables people with a chronic disease to participate more in society, touches on themes I, III, IV and V. Finally, the fourth mission, attention for people with dementia, receives explicit attention within theme V, but touches upon the other themes too.

#### Dashboard

- Good alignment with National Action Programme “New opportunities for Top Sector Life Sciences & Health”.
- Existing available information is described, analysed and made centrally accessible via Top Sector LSH.
- Consultation and involvement of public and private parties in the selection and realisation of value chains.
- Resources for collection and analysis of cases available.
- Four value chains will have been elaborated by the end of 2020 and all value chains will have been elaborated in 2021.



# S2: Identifying the international demand: Health~Holland International Monitor

A sector-wide internationalisation policy requires priorities. Which countries should the Top Sector focus on? On the basis of which criteria does a country or region receive a higher priority? Which efforts need to be made in which countries? The Health-Holland International Monitor will be introduced within the context of this new international strategy so that these questions can be answered systematically. This International Monitor is a system for collecting and disclosing information about potential partner countries. For each country, the information available will be brought together in clear memoranda (factsheets). Furthermore, the information will be classified in categories to make it clear which efforts are desirable for which category of countries.

## The choice of target markets up until now

Dutch products and services will add economic and societal value throughout the world in the coming years. That provides opportunities on the international market. To monetarise these, a strategic approach is required that provides a basis for clear choices. Consolidating strengths will increase the effectiveness of the internationalisation and create clear expectations for both interested countries and the parties in the Netherlands that want to be part of the internationalisation.

The Internationalisation Strategy 2015 has identified several target markets for which specific extra efforts have been made. Furthermore, in recent years, several lists of priority countries have arisen from the perspectives of trade, investment, innovation and R&D.

In the context of the Trade Agenda, the Ministry of Foreign Affairs uses a list of top 9<sup>8</sup> and top 25 priority markets for economic opportunities, supplemented with specific regions for development cooperation. The Ministry of Economic Affairs and Climate Policy has identified countries that are interesting from the viewpoint of collaboration in the area of research and innovation or attracting investments. The Ministry of Health, Welfare and Sport has a list of countries with which policy-based collaboration is desirable in their own policy areas. Companies and organisations make a choice, based on opportunities for growth, economic earning capacity and participation in activities. Until now, the “Priority Countries Overview”, which is based on research into international business by TFHC, was the most used overview for LSH companies.

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<sup>8</sup> The top 9 markets are: US, China, Germany, UK, India, France, ASEAN-5, Brazil and the Gulf region.

However, due to the existence of these different overviews, an increasing lack of clarity arose about: (a) on the basis of which criteria a country was included in the various lists; (b) what the designation of a country means (focus or priority country); and (c) which effort from Dutch parties is linked to this type of country.

## Towards more structure

Needless to say, different and, partly conflicting wishes play a role both within and outside the sector. For example, although there is a stated goal requiring focus and making choices, nobody wants to miss out on opportunities. There is also the call for a detailed justification of choices, but for pragmatic or political reasons the choices made are easily deviated from. In practice, the translation of the effort made by parties in countries is diverse. The concrete efforts are determined by an interaction of factors, such as the demand from the Dutch sector, the economic work plans of the Dutch diplomatic missions in the country concerned, the involvement of the Netherlands Enterprise Agency and economic missions. Although this pragmatic way of working has yielded good results in recent years, the sector nevertheless desires a more structured, joint approach.

## Transparent selection criteria

A clear and structured approach to the prioritisation of certain countries must be based on transparent selection criteria. Besides general economic and possibly policy criteria, the LSH sector needs specific selection criteria.

For Top Sector LSH, the choice of countries in the context of the Health-Holland International Monitor requires paying specific attention to the following criteria:

### A. Characteristics of the health and care system/market:

- Size of the care market/expenditure per capita;
- Connection with the themes (KIA) and proposition (S1) of the Netherlands;
- Politically supported reform plans in healthcare that can provide a reason for new investments;
- Accessibility of the (public or private) funding and reimbursements system;

- Technological requirements that connect with the expertise of Dutch parties;
- Presence of venture capital and funding.

### B. Specific interest from the different dimensions of internationalisation:

- R&D and innovation (research, innovative clusters, strategic public-private partnerships, access to key enabling technologies, etc.);
- Investments (presence of potentially interesting parties for the Dutch LSH ecosystem);
- Trade (opportunities for growth and estimation of the competitive position of Dutch organisations);
- Presence of Dutch attachés (economy/innovation/Ministry of Health, Welfare and Sport).

In addition to these and other specific LSH criteria, the Top Sector examines the top 9 and top 25 priority markets of the Ministry of Foreign Affairs. This analysis is based on an extensive econometric model in which various macroeconomic indicators, ease of doing business and impact of economic diplomacy are taken into account. The list consists not just of individual countries, but also of markets that in a number of cases must be seen in relation to each other. This more general analysis is used to enrich criteria that are primarily relevant for Top Sector LSH.

Based on the criteria, the target markets have been divided into four categories. Category 1 encompasses the countries in which there is the broadest interest from the Dutch LSH sector. For the countries in categories II and III that interest is narrower and more specific, and category IV contains the countries with which incidental contacts exist, often in response to current developments. The efforts from the Top Sector correspond with these categories. A detailed overview of the four categories and the associated efforts is provided in Annex 1.

## Health-Holland International Monitor

The Priority Countries Overview of the former LSH Alliance has been summarised in a priority countries table. This list is a reflection of the interest in foreign markets of the Dutch LSH sector, and their interaction with these markets. This overview was useful in prioritising the effort of the Top Sector, but the underlying analysis was limited.

In the context of the new strategy, the Health-Holland International Monitor is now being introduced, and this makes a more systematic justification possible. The International Monitor is compiled from brief country memoranda (factsheets). The factsheets are an inventory of the available information about the opportunities in the priority market and thematic interest from the Dutch sector. Furthermore, the factsheets contain a brief analysis of the (desired) relationship between the Netherlands and the market concerned.

Factsheets are written for a broader group of interested public and private parties from the Dutch LSH ecosystem. Assessment and validation by (SME) organisations, public-private partnerships and regional clusters are part of this process. Quantitative input from public and private sources is brought together and enriched with quantitative input (e.g. based on market studies and the input of experts). Subsequently, blank spots in (market) knowledge about the country concerned are identified. From the perspectives of innovation and knowledge and attracting investment and trade, a joint ambition and global realisation of the desired effort and a more detailed exploration is formulated. The compact factsheets therefore provide guidance and direction and in so doing, provide the first step towards a joint public-private agenda (see: S5 Multiannual integral programming).

## Initial classification of target markets

An initial categorisation of target markets was produced, based on advancing insights from the International Strategy 2015 and in anticipation of the Health-Holland International Monitor. This overview will be further validated and supplemented based on relevant information, but in the coming period, it will provide a firm footing and direction for the Top Sector's efforts. The categorisation of countries and categories will be periodically updated.

### Category I (broad interest)

- ASEAN 5: (Indonesia, Singapore, Thailand, Malaysia and Vietnam)
- Germany
- France
- India
- United Kingdom
- United States

### Category II (interest from specific perspectives)

- Brazil

- China
- Colombia
- Gulf region 6 (Saudi Arabia, United Arab Emirates, Kuwait, Qatar, Oman, Bahrain)
- Japan
- Scandinavia (Denmark, Norway, Sweden)
- East Africa (Kenya, Ethiopia)

### Category III a (specific interest)

- Belgium
- Canada
- Italy
- Eastern Europe (Ukraine, Romania)
- Poland
- South Africa
- Switzerland

### Category III b (markets to be explored)

- Africa other (especially Nigeria, Ghana, Uganda)
- Australia
- Israel
- Mexico
- Taiwan
- South Korea

### Category IV (other countries – incidental and reactive)

- Chile
- Iran
- MENA 7 (Iraq, Egypt, Algeria, Morocco, Lebanon, Tunisia, Jordan)
- Peru
- Russia
- Turkey

### Dashboard

- Resources for S2 (including drawing up factsheets and publication Health-Holland International Monitor) available.
- Approach to the process and template for factsheets for Health-Holland International Monitor 2020 completed.
- Factsheets for the first series of countries (United Kingdom, United States, India, China, Colombia and the Gulf region 6) completed end 2020.
- Factsheets second series of countries completed 2021.
- First detailed Health-Holland International Monitor delivered 2021.
- The choice of countries will be reviewed every two years.
- (Process) agreements made about the use of public and private funds and the available range of instruments (e.g. economic missions, strategic trade fairs, lounges, incoming missions, etc.).

# S3: Strengthening the interaction with the Dutch LSH ecosystem

One of the pillars of internationalisation is a strong home base. Involving the LSH sector in the strategy and realisation is therefore vitally important. This is made possible by strengthening the LSH International Consultation and by intensifying the communication with the regions and various players. At the same time, efforts are also being made to realise an optimum interaction with the Dutch consular network abroad.

## Public-private alignment

The International Strategy 2015 has helped to structure the consultation between public and private parties that operate internationally, as a result of which the international agendas are better aligned. Not just individual parties are involved during the formulation and realisation of these agendas; but also organisations and clusters at the national or regional level that have an intermediary and facilitating role for the international ambitions of the sector. The (economic) added value of good collaboration around internationalisation is broadly recognised within the Dutch LSH sector. In recent years, Top Sector LSH has realised a well-functioning public-private structure with a considerable organisational capacity. Participants in the International Consultation are aligning their priorities and activities with increasing success.

## Strengthening the structure

Much has been achieved in the past five years. And even more can be realised. With improved collaboration, internationalisation can be realised even more effectively still. Therefore, one of the

objectives in the new strategy is to further strengthen the existing structure, to boost the ecosystem and to jointly elevate the approach to a higher level. In concrete terms this means, for example, strengthening the exchange with both the Dutch consular network and the regions within the Netherlands.

## Involving more private parties in the consultations

Under the chairmanship of the Leader International, the LSH International Consultation functions as a central point of contact for the Top Sector. This is the most important body for aligning public and private interests with respect to the internationalisation of health and care<sup>9</sup>. The members of this consultation are directly involved in the internationalisation of the LSH sector in their everyday work, have a proactive attitude and sufficient mandate from their organisations. This consultation takes decisions about the international agenda and monitors the progress of realising the strategy. The LSH International Consultation will be strengthened through adding more representatives from the private sector, for example from the biopharmaceutical sector.

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<sup>9</sup> Health-Holland, VWS, EZK, BuZa, RVO, NFIA and TFHC are represented in the LSH International Consultation.

## Involving the regions more

Besides the meetings of the LSH International Consultation, all parties that are directly or indirectly involved in internationalisation are periodically informed and consulted. This concerns parties from the quadruple helix of companies, government bodies, knowledge institutions and citizens. This has led to more support from and involvement of individual players in the LSH sector in the internationalisation strategy.

High priority will be given to strengthening the relationship with regional parties, especially through identifying regional LSH contact persons in the networks around Invest in Holland, and Trade & Innovate NL. The NFIA and regional development agencies (RDAs) form a strong national network that is aimed at the strategic acquisition of knowledge-intensive foreign institutions and companies. Trade & Innovate NL (RVO, RDAs and other public intermediaries) ensures a sector-wide national alignment around facilitating trade and international collaboration in the area of innovation. In these networks, suitable regional LSH contact persons are identified, people who from the perspective of an integral approach (innovation, investment and trade) can speak on behalf of the region.

## Communication within the Netherlands

Top Sector LSH in collaboration with TFHC organises information and advice sessions in the region to inform individual organisations (especially startups and SMEs) about international activities and opportunities. This increases the reach among and involvement of (SME) organisations in the Health-Holland International Strategy 2020-2023. Furthermore, contacts with (sector) organisations and regional clusters that are directly or indirectly involved in the LSH sector, but do not yet have any international focus, are intensified.

## Alignment with Dutch consular network

Besides this closer alignment within the Netherlands, the communication and alignment with the Dutch consular network abroad will also be strengthened.

This applies in particular to the Category I and II countries with which multiannual agreements will be made with a programmatic approach. For these countries, the correct public and private contact persons in the Netherlands will be identified. Subsequently, for each country a small (virtual) workgroup will be formed around these contact persons. For Category 1 and II countries, a person will also be appointed as the central LSH contact point. This person will make and maintain the connections between the networks in the Netherlands and the efforts of the various attachés (economy, innovation, VWS, NFIA) in the countries concerned. The consular network will be informed about the new Health-Holland International Strategy 2020-2023 and will be periodically updated about this. The refresher days and discussions concerning the realisation of economic work plans are good moments for this.

### Dashboard

- Funds for realising the secretariat and organisation of S3 are available.
- Revised composition LSH International Consultation given shape (2020).
- Frequent meetings LSH International Consultation (6x per year).
- Regional LSH contact persons appointed end 2020.
- LSH contact persons in Category I and II countries appointed end 2020.
- Organisation annual event with the Trade & Innovate NL network and other interested parties about the internationalisation of Top Sector LSH.
- National coalition for internationalisation realised (2021).
- Internationalisation conference organised (2021-2022).

# S4: Re-assessing the Health~Holland branding and positioning

Communication and marketing are the crucial pillars of the internationalisation strategy. The first requirement is a recognisable branding that fits in the broader profile of the Netherlands abroad. Furthermore, it is important to have a consistent story that can be flexibly adapted for specific discussion partners. The value chains and narratives (see S1) play a leading role in this regard. New communication resources will be developed on the basis of these.

## NL | Health-Holland branding

The Health-Holland branding is the focal point in the overarching positioning and branding of Top Sector LSH. Internationally, the branding will be realised in combination with the new Dutch (NL | Netherlands) branding. Top Sector LSH unites and presents itself internationally under this flag. In recent years, this approach has proven itself to be a strong connecting factor.

As part of the International Strategy 2015, a branding strategy has been developed with the Top Sector LSH storyline, Proofpoint stories, and a communication toolkit. In 2018, the bid book for the pharmaceutical industry was delivered (in collaboration with HollandBIO and the Association Innovative Medicines) and additional communication resources, such as a new video, were developed. With the growth in international activities, there is a need for a further elaboration of the communication toolkit in the form of practical resources and an update of the content of the storylines in line with the value chains from S1.

## Positioning around “connectivity”

During the course of 2020, Top Sector LSH and Invest in Holland jointly developed the new proposition around the key concept “connectivity” (see text box). The proposition will be elaborated in line with the National Action Programme “New opportunities for Top Sector Life Sciences & Health”. An editorial board will be appointed to unambiguously realise the Dutch LSH positioning within the Netherlands and abroad.

### **Connectivity: focus on connections**

At several levels, the Netherlands is Europe’s most connected LSH metropole. The willingness to work together as equals, exchange knowledge and see connections is deeply anchored in the Dutch DNA. This connectivity is also clearly noticeable in the openness of the Netherlands and the willingness to collaborate internationally and exchange knowledge. The strength and effectiveness of our public-private partnerships demonstrates this. The doors of Dutch universities and other knowledge institutions are wide open for large and small companies, as a result of which they can easily access knowledge and talent. Connectivity also means proximity, an important key to success. If we present the Netherlands as the LSH metropole of Europe, we implicitly and explicitly make the comparison with a successful region such as Boston, Massachusetts.

By portraying the Netherlands to our foreign partners as a large city instead of a country, the compactness and connectivity of the Netherlands is immediately clear in that simple formulation.

## Storytelling around value chains

The value chains form the basis for telling the Dutch LSH sector stories abroad. In the case of the overarching themes, it will be explained why the Netherlands showcases precisely these value chains in connection with the health trends in the target markets. The examples of Dutch solutions and applications demonstrate what Dutch companies and institutions can tangibly do, working towards a recognisable proposition.

With this approach, different narratives can be presented in a similar, coherent manner and translated to specific target groups. Thanks to this approach, international discussion partners can more easily recognise themselves in the Dutch proposition. In the context of larger strategic events, including economic missions, specific narratives will be elaborated that build upon the same setup and design.

## Development of communication resources

This new internationalisation strategy requires a further professionalisation of communication resources that can be used internationally. Health-Holland is leading and facilitating the development and is therefore working on an

international communication approach, which includes the necessary resources and timelines. Amongst other things, this will include the following elements:

- New branding guidelines drawn up by Top Sector LSH, in consultation with the Netherlands Enterprise Agency, for a broad and uniform image (Health-Holland in combination with NL | Netherlands Branding);
- Development of joint campaigns and storytelling around the value chains;
- (Further) development of a communication toolkit that can be used by all parties in the Netherlands and abroad;
- Joint presentations around the proposition and themes in both English and Dutch;
- Upgrade of the Health-Holland website and strengthening of the communication messages;
- Development of a bid book around medical technology;
- Campaign-based approach towards specific target countries.

### Dashboard

- Resources for S4 (professionalisation communication resources and elaboration storylines) available.
- International NL | Health-Holland communication toolkit ready.
- New PowerPoint presentations and slide decks (in English, Dutch and possibly other languages) available.
- International page Health-Holland website continuously updated.
- Health-Holland Guide 2020-2021 published and available online.



# S5: Multiannual integral programming

**This strategy builds further upon the experiences acquired in recent years. Prioritisation and greater coherency are required to become even more successful. Efforts such as trade missions and visiting or organising events yield more benefits if increased and more systematic attention is devoted to the preparation and follow-up. To this end, multiannual implementation plans are developed, roadmaps that outline policy with respect to specific countries and regions. That requires reliable information and good consultation between the public and private organisations involved. Another important boundary condition is sufficient capacity and resources.**

## Focused effort

In the International Strategy 2015, the ambition was to realise a more coordinated effort, especially in the focus countries/regions of the United States, China and East Africa. Furthermore, a “working method & checklist for international activities” was developed. In these focus countries/regions many activities were deployed that were partly realised in relation to, and partly parallel to, each other.

The joint effort has borne fruit. At the same time, experience shows that activities such as economic missions, although successful, could have been even more successful if the preparation had been less ad hoc and complex and a more proactive approach to the follow-up had been realised. In the majority of cases, there was no unequivocal positioning in the target market concerned, and accordingly, the results did not sufficiently take hold among the target group.

## Strategic approach embedded in the international trade agenda

Multiannual programming has now become a fixed element of Dutch international policy. The recommendations from the report of the Buijink

Committee “Team Nederland: Together Stronger in the World” (in Dutch) have been incorporated in the trade agenda through the policy memorandum “Investing in perspective – good for the Netherlands, good for the world” (in Dutch) from the Ministry of Foreign Affairs (2018). The International Strategic Consultation NL (ISO NL) is a cross-sectoral consultation of public and private parties at a strategic level about international entrepreneurship and international economic issues. The consultation expresses the ambition to produce multiannual strategies for the top-9 priority countries<sup>10</sup> with respect to several societal themes, including Health & Care. Top Sector LSH is realising this.

## Coordination and sufficient resources

A shared analysis, joint ambitions and an agreed implementation plan will help the Dutch LSH ecosystem to act coherently and therefore generate more impact. At the same time, the approach and purpose in target markets have been very different up until now and that has led to inefficiency.

The Top Sector must have sufficient resources if it is to bring efforts in the area of internationalisation to a higher level and realise a greater effect in the longer term. A fully elaborated public-private strategy for the

<sup>10</sup> The top markets are: US, China, Germany, UK, India, France, ASEAN-5, Brazil and the Gulf Region.

relevant Category I markets for the Top Sector LSH requires a thorough approach and sufficient resources (in mind, in kind and in cash) for coordination and realisation. That can only be done with an integral approach and the deployment of various public support instruments such as NWO research funding for international collaboration and KIC Top Sectors; EZK/RVO international innovation; BuZa/RVO trade instruments. A less intensive version of the approach can be applied to other categories of target countries in line with the desired ambitions and effort.

### Alignment of sub-strategies

Multiannual integral programming will be realised by bringing together the main elements of the Health-Holland International Strategy (value chains [S1], international demand [S2], ecosystem [S3] and branding [S4]) and translating these to the target market concerned. The approach is integral because with the value chains, the interests from the perspectives of knowledge and innovation, attracting investments, and trade will be included. By formulating joint public-private objectives, more support will be garnered for this approach.

### Translation to the target markets

The approach will be aligned with the type of target market. Obviously, the approach for developing, emerging or developed markets is different. Furthermore, the relationship of the Dutch LSH ecosystem with the various parties abroad is at different stages, varying from a first introduction to signed agreements. The marketing cycle will be aligned with this. During the public-private pilot in Germany at the start of 2020, experience was gained with using the method stated in this strategy. This pilot must lead to a recognisable approach that can be applied to multiple countries. Furthermore, the implementation of the multiannual strategies will be phased so that a learning effect is realised and the entire process remains doable for the sector. The LSH International Consultation forms the nexus for the various trajectories related to multiannual integral programming.

### Programming in three phases

Realising a broadly supported and effective programming right from the start requires an unequivocal approach with the involvement of relevant public and private parties. The approach consists of three different phases: analysing, formulating objectives and drawing up an implementation plan. The steps can be taken faster, dependent on the available information, the nature of the relationship with the target market and the category it falls in.

#### Phase 1: Analysis

The inventories in the country factsheets from the Health-Holland International Monitor (see S2) form the basis for a detailed analysis. For several countries, a thorough market exploration has been realised that forms the basis for substantive choices. Where necessary, this information will be supplemented or updated. The analysis brings together, from a Dutch perspective, the themes and value chains with trends, challenges and developments in the target market. This will also include examining which terminology and approach are most appropriate for the target market concerned. For the relevant value chains, specific regions, clusters and hotspots in the target market will be identified, and the relationship with the Netherlands qualified. Furthermore, promising regions will be mapped that offer opportunities due to less (international) competition or because they are open to the Dutch proposition.

#### Phase 2: Formulating objectives

Public and private parties frequently view a target market from a different perspective. By working together on joint objectives from these different perspectives, the effectiveness in the medium to long-term will be increased. The overarching ambitions must be at a sufficiently high strategic level so that genuine impact can be realised. For subthemes, derived objectives will be formulated at the tactical or operational level.

The joint process will ensure a broader support base. The expectations associated with the chosen ambition level will be made explicit. With several countries and regions, an MoU has already been signed, which can provide direction or act as a catalyst (e.g. Boston Massachusetts, China NDRC, Flanders). An MoU is not a goal in itself but can be used strategically as part of a multiannual strategy. When formulating the ambitions, it should be remembered that more effort is not per se better.

A focused and phased effort can be just as effective and may be better geared to the capacity for absorption and the capabilities of companies and organisations in the Dutch LSH ecosystem. After all, many parties are not only focused on a specific country, but are active worldwide.

### Phase 3: Implementation plan

International entrepreneurship is a dynamic field. The implementation plan formulated on the basis of the aforementioned analysis and objectives provides the frameworks and gives clarity in the short term. It contains good (process) agreements between the parties, but at the same time, it is implemented with the necessary flexibility and pragmatism. Predictability in the process and the agenda are in this way combined with a smart and effective implementation.

Implementation plans are multiannual roadmaps in which trade promotion, knowledge exchange and attracting business to the Netherlands come together. The portfolio of activities in a country must be carefully balanced. Strategic anchoring points, such as the annual BIO in the US and Medica in Germany, are fixed moments when the LSH ecosystem of the Netherlands, the host country and other countries meet each other. Around these, other types of event will be programmed with clear objectives aimed at specific target groups. Economic missions, innovation missions, participation in specific (trade) fairs or conferences and incoming delegations (e.g. Health-Holland Visitors Programme) will be carefully aligned with each other in accordance with the joint ambitions and objectives. Dutch (SME) players will be better informed than in the past and will be better prepared to cash in on opportunities and actively guided during the follow-up.

Furthermore, new regions will be systematically approached based on specific market explorations and targeted visits to build up relations from the perspective of innovation, attracting investment and/or trade.

### Joint branding and positioning

Activities abroad such as the above-named missions will be recognisably positioned as part of a broader NL | Health-Holland branding and positioning. Each time, the focus will be a joint storyline around the chosen value chains and themes that are aligned with the target market. The Dutch LSH ecosystem will be made more visible with a campaign-like approach.

Specific target groups will hear good substantive stories that connect with the challenges in their country. Individual organisations, from SMEs to large companies, knowledge institutions and public-private partnerships can make their own stories and propositions part of this approach.

### Tight coordination

Such a large-scale approach in the long-term is only possible if this is well-coordinated by a core group with a clear mandate. Logical candidates for this are representatives from the parties from the LSH International Consultation, in combination with representatives from the Dutch consular network. This approach must prevent the consultation from becoming too complex and too many representatives becoming involved in the consultation process. From the directly involved parties, active involvement and decisiveness is required. Furthermore, efforts need to be taken to prevent a separate consultation circuit arising for too many target markets. These efforts should lead to an alignment that can also be realised parallel to the periodic broader consultations with the LSH ecosystem.

#### Dashboard

- Resources for S5 (analysis and process supervision multiannual integral programming) are available.
- Public-private strategy for Germany completed (2020), followed by the United States. Other Category I countries will be jointly chosen based on a proven approach.
- Light version of multiannual integral programming for two category II countries completed in 2020. Other category II countries will be jointly chosen based on a proven approach.
- Resources for coordination, preparation and follow-up of activities, including more MOUs, available.
- Public-private funding model for implementing activities elaborated (2020) and additional resources available for activities in line with the ambitions.

# Annex 1:

## Categorisation of target markets and deployment of efforts in these

In this overview, it is explicitly stated what the four categories involve, which criteria apply and which focus belongs to a certain category.

### Category I (Broad interest)

Criteria	Effort
<ul style="list-style-type: none"> <li>- Positive analysis of most characteristics of the care sector</li> <li>- Broad interest from several themes</li> <li>- Interest from at least two dimensions of internationalisation (Innovation; Investments; Trade)</li> <li>- Extra public and private deployment is required to sustain interest in collaboration or to expand these</li> <li>- Preferably in the top-9 priority markets of the Ministry of Foreign Affairs or a broad interest from the LSH sector</li> </ul>	<ul style="list-style-type: none"> <li>- Market exploration realised or planned</li> <li>- Multiannual public-private strategy formulated (objectives, themes, plans and budget)</li> <li>- Central LSH point of contact in the Dutch consular network</li> <li>- Structural/annual Health-Holland presentation at strategic events in the target country (trade fair/ conferences)</li> <li>- Economic mission with the minister once a year or every two years</li> <li>- Incoming visits facilitated (Health-Holland Visitors programme and specific)</li> <li>- Several outgoing visits (different levels and types, dependent on need and theme)</li> <li>- Working towards an MoU if this will support achieving the objectives</li> <li>- Embedding of follow-up to and realisation of MoU through the strategic and coherent deployment of instruments (financial and non-financial)</li> </ul>

## Category II (Interest from specific perspectives)

Criteria	Effort
<ul style="list-style-type: none"> <li>- Positive analysis of most characteristics of the care sector</li> <li>- Broad interest from two or more themes</li> <li>- Interest from one or two dimensions of internationalisation (Innovation; Investments; Trade)</li> <li>- Public and private deployment is desirable to sustain or expand interests in collaboration</li> <li>- Preferably in the top-25 priority markets of the Ministry of Foreign Affairs or a broad interest from the LSH sector</li> </ul>	<ul style="list-style-type: none"> <li>- Consider Market exploration to identify specific opportunities and developments</li> <li>- Multiannual, public-private strategy in a cursory form. If necessary, a Partners for International Business (PIB) action plan</li> <li>- LSH point of contact in the Dutch consular network</li> <li>- Structural/annual Health-Holland presentation at an event in the target country (trade fair/conference)</li> <li>- Economic mission with the minister once every two or three years</li> <li>- Incoming visits facilitated (Health-Holland Visitors programme and specific)</li> <li>- Outgoing visits (once or twice per year - different levels and types, dependent on need and theme)</li> <li>- Working towards or considering whether an MoU is supportive for achieving the objectives</li> <li>- Embedding of follow-up to and realisation of MoU through the strategic and coherent deployment of instruments (financial and non-financial)</li> </ul>

## Category III (a. Specific interest or b. new to explore)

Criteria	Effort
<ul style="list-style-type: none"> <li>- Positive analysis of several characteristics of the care sector</li> <li>- Interest from at least one theme</li> <li>- Interest from at least one dimension of internationalisation (Innovation; Investments; Trade)</li> <li>- Relatively smaller markets to be distinguished in:               <ol style="list-style-type: none"> <li>a. Stable but limited interest</li> <li>b. New and emerging (explore)</li> </ol> </li> <li>- Preferably in the top-50 priority markets of the Ministry of Foreign Affairs or specific interest from the LSH sector</li> </ul>	<ul style="list-style-type: none"> <li>- Cursory consideration of Opportunities report or Market exploration to identify specific opportunities and developments (especially exploratory)</li> <li>- Global agreements with Dutch consular network about intensity of efforts</li> <li>- Incidental Health-Holland presentation at an event in the target country (trade fair/conference)</li> <li>- Incoming visits facilitated based on theme and level</li> <li>- Incidental outgoing visits (exploratory - different levels dependent on need and theme)</li> </ul>

## Category IV (Other countries – incidental and reactive)

Criteria	Effort
<ul style="list-style-type: none"> <li>- Positive analysis of several characteristics of the care sector</li> <li>- Interest from at least one theme</li> <li>- Interest from at least one dimension of internationalisation (Innovation; Investments; Trade)</li> <li>- Outside of the top-25 priority markets of the Ministry of Foreign Affairs and/or no specific interest from the LSH sector</li> </ul>	<ul style="list-style-type: none"> <li>- Limited and reactive effort from the Top Sector</li> <li>- No more intensive effort unless there is a good reason for this (for example potential to further grow towards Category III)</li> </ul>

### Temporary target markets

The LSH International Consultation can decide to temporarily appoint two to three countries from Categories I or II as special target markets. This means that an additional effort will be made towards these countries so that the collaboration and interaction with the Dutch LSH ecosystem can be brought to a (structurally) higher level at an accelerated rate. This requires specific strategic objectives and a detailed action plan with the associated resources to achieve those objectives.

An MoU can be a tool to shape such efforts or to accelerate them. The embedding of the follow-up and

realisation of the MoU through the strategic and coherent deployment of instruments, (budgetary) collaboration and the deployment of various Dutch parties in a joint approach is vital. Examples are the innovation agenda India realised by VWS/NOW and EZK/RVO, or the bilateral collaboration pilot with the United States (Boston, Massachusetts).

The strategy provides room for individual players from the LSH ecosystem to endeavour to realise their own agenda in markets that do not yet have the Top Sector's highest priority. For these markets, it will be carefully considered how the collaboration and deployment of resources from the Top Sector can best be realised.

## Credits

**Len de Jong** – Chair International Workgroup Top Sector LSH

**Micha van Lin, Ernst Nagel** – Member International Workgroup Top Sector LSH

**Steven Jonis** – Secretariat International Workgroup Top Sector LSH

**Hanna Groen** – Strategic programme management

**Health-Holland** – Operational project management

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